Patent Case No : 59004US002

32692 Customer Number

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: HAGERMOSER, E. SCOTT

Application No.: 10/658490 Confirmation No.: 2018

Filed: September 8, 2003

Title: Vehicle Touch Input Device and Methods of Making Same

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

I hereby certify that this correspondence is being:

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 □ transmitted by facsimile on the date shown below to the United States Patent and
 □ Trandemark Office at 571-273-8300.

 □ transmitted to United States Patent and Trademark Office on the date shown below

 transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

June 22, 2007 /Shannon M, Bruce/
Date Signed by: Shannon M, Bruce

Dear Sir

This is in response to the outstanding Office Action, dated March 23, 2007, in the aboveidentified application.

Fees

- Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- Please credit any overpayment to the same deposit account.

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Additional claim fees for this amendment are computed as follows:

| | | | Clain | ns As Amended | | | |
|--|----------------------------------|-------|-------------------------------------|---------------|------------------|------------|-------------------|
| (1) | (2) | (3) | (4) Highest No. Previously Paid For | | (5) | (6) | (7) |
| | Claims Remaining After Amendment | | | | Present Extra | Rate | Additional Fee |
| Total Claims | 38 | Minus | ** | 37 | 1 | x \$50.00 | \$50.00 |
| Independent Claims | 3 | Minus | *** | 3 | 0 | x \$200.00 | \$0.00 |
| Additional fee for filing one or more multiple dependent claims, if no such fee has been paid \$360.00 | | | | | | | |
| Total Additional Fee For This Amendment | | | | | | | \$50.00 |

^{**} If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.